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Office Use Only



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M. HODGES

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Affinity Data 1 (Name of Limited Liab)	LC lity Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to	the following:	
Robert Poitras (Name of Person)		
Affinity Data LLC (Firm/Company)		
11515 66th st. N (Address)		
Largo, FL 33773 (City/State and Zip Code)	_	
For further information concerning this matter, please cal	l:	
Robert Poitras at (72- (Name of Person)	(Area Code & Daytime Telephone Number)	
Registration Section Re Division of Corporations Div Clifton Building P.C	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee \(\simeg \\$.	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the limited liability company is: Affinity Data LLC 2. The mailing address of the limited liability company is: 11515 66th st. N LATGO, FL 33773 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Name

One Bisenyne Town 2155 FC 2 South Bisenyne Blod

Address

Minam: FC 32/31

City, State and Zip 6. The name and address of the new registered agent and/or office: A. Edward McGinty Name Name

Rank of America Plaza 101 E Kennedy Blvd, Suit 2800

Florida street address (P.O. Box NOT acceptable) City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) (Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chaptey 608, F.S. Or, if this does ment is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited limited company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)